



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### MEDICAL EMERGENCY RESPONSE – INITIATING A “CODE BLUE”

**Effective Date:** August 21, 2013

**Policy #:** PH-11

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- I. PURPOSE:** To provide a plan for response to medical emergencies.
- II. POLICY:** Montana State Hospital will follow this policy/procedure in providing for the emergency medical needs of patients, staff and visitors.
- III. DEFINITIONS:**

Medical Emergency: An event requiring the rapid assessment and intervention of trained medical personnel which may include but is not limited to serious injury, unconsciousness, serious respiratory symptoms, symptoms of cardiac crisis.
- IV. RESPONSIBILITIES:**
  - A.** Employees who witness or are first on the site of a medical emergency will take immediate action, including CPR and basic First Aid if trained to do so, summon medical assistance and assist as directed.
  - B.** Hospital Operations Specialist (Front Desk Staff) will announce the “Code Blue” over the Public Address System and notify the following: nurse manager, medical and attending and/or on-call Licensed Independent Practitioner (LIP), Pharmacist, 911 and security officer (when instructed), and all other notifications upon request.
  - C.** B Wing RN and/or LPN will take the Emergency Med Cart and ensure that emergency equipment is transported to Code sites in and near the main hospital building, and TLC and assist as needed.
  - D.** Spratt RN and/or LPN will retrieve the Emergency Med Cart and transport to the Code site in the SPRATT building and to the Recovery Center.
  - E.** Spratt RN and/or LPN will take the Portable Emergency Med Cart and ensure that emergency equipment is transported to Code sites on Spratt, Administration Building, Group Homes, Warehouses, and surrounding areas.
  - F.** RN and/or LPN will ensure that the Code event is recorded and that equipment is ready for use. Emergency medications and equipment will be inventoried and restocked following a Code.
  - G.** Nightshift House Supervisor will ensure emergency medications and equipment are inventoried and restocked on a bi-monthly basis and following a Code.

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- H. All LIPs, at least one RN and/or LPN from each unit, and Nurse Supervisor will respond to the Code site to assist with assessment of the patient/victim, determination of severity of the emergency, and provision of emergency care and treatment.
- I. The Medical LIP may choose to bring the ACLS med box to the emergency site. The contents of this box are only to be used by a physician. The physician will ensure that it is restocked as soon as possible by the pharmacy.
- J. Medical Director and Director of Nursing Services will ensure review of each Code to identify opportunities for improvement.

#### V. PROCEDURE:

- A. The first person on site recognizing an emergency medical situation will follow the basic guidelines for assessing the situation, summoning assistance and starting Cardiopulmonary Resuscitation (CPR) as appropriate and/or rendering First Aid.
- B. A nurse at the site will:
  - 1. Assess the situation and determine the severity of the emergency.
  - 2. Stay with the patient/victim if the situation is life-threatening and requires direct emergency care.
  - 3. Call or delegate a staff member to call **7440** to instruct the Front Desk Staff to announce a “Code Blue” for the specific unit/area.
  - 4. Call **911** to convey the patient name, type of emergency, and location/direction of emergency site if indicated.
  - 5. *If there is any doubt regarding the severity of the situation, call for a “Code Blue” and 911 ambulance assistance.*
- C. When a LIP on site determines that the severity of the situation does not warrant the calling of an ambulance they may cancel the 911 ambulance assistance.
- D. The Front Desk Staff will immediately:
  - 1. Announce the “Code Blue” and unit/location over the Public Address system. This announcement is to be made regardless of the time of day.
  - 2. Notify the nurse supervisor, and medical and attending and/or on-call LIP.
  - 3. Notify **911**, when instructed to do so, to convey name of patient, type of emergency, and location of patient/victim.
  - 4. Notify the security officer to assist as needed and escort ambulance to site of patient/victim.
- E. B Wing or Spratt RN and/or LPN (based on location of emergency) will:
  - 1. Access the emergency med cart and supplies.
  - 2. Delegate any staff member to take the Defibrillator, Ambu Bag, IV supply box, and Pulse Oximeter quickly to the scene of the patient/victim.
  - 3. Take the Emergency Med Cart/Kit to the site.
  - 4. Assist with location of supplies and medications in the Emergency Med Cart/Kit.

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5. Record, or delegate an RN, LPN or LIP to record the event on the Emergency Response Sheet. The Emergency Response sheet will be placed in the patient’s medical record in the Consult section.
  6. Following the use of the cart, replace all used items and notify the pharmacy to arrange for the timely restocking of medications.
  7. Convey information and/or seek assistance regarding the Code situation with the Nurse Supervisor.
- F. The medical LIP may choose to bring the ACLS med box to the emergency site. The contents of this box are only to be used by a physician. The physician will ensure that it is restocked as soon as possible by the pharmacy.
- G. The nightshift House Supervisor ensures emergency medications and equipment are inventoried and restocked on a weekly basis and following a Code.
- H. A Nurse from every unit, in addition to the Nurse Supervisor, will respond to the “Code” site to assist as necessary and as directed.
- I. All available on-site LIPs will report to the “Code” area to assist as necessary and as directed.
- J. The Nurse Supervisor will ensure that all relevant hospital policies and procedures are considered and followed, i.e. “Notification of Authorities in the Event of a Serious Emergency,” “Death and Autopsy,” and “Organ and Tissue Donation.”
- K. The attending LIP or medical LIP will notify next of kin/guardian of the patient’s status in accordance with hospital policy, “Informing/Communicating Changes in Patient’s Condition”.
- L. The Medical Director, Director of Nursing Services or designees, and others as delegated, will review each Code situation and response to identify opportunities for improvement in the process.
- M. The Nurse Supervisor, at time of event, will review the incident with staff involved as soon as possible after the emergency and document said review. The results of the review will be forwarded to the Medical Director, Director of Nursing and Director of the Pharmacy.
- VI. REFERENCES:** Hospital Policies: ER-04 Response and Notification of Authorities in the Event of a Serious Emergency, PH-01 Death and Autopsy, PH-03 Informing/Communicating Changes in Patient’s Condition and PH-05 Organ and Tissue Donation
- VII. COLLABORATED WITH:** Hospital Superintendent, Medical Director, Director of Nursing, Director of Health Information Resources, Director of the Pharmacy

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- VIII. RESCISSIONS:** #PH-11, Medical Emergency Response – Initiating a “Code Blue” dated October 26, 2009; #PH-11, *Medical Emergency Response – Initiating a “Code Blue”*, dated June 17, 2005
- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing Services
- XII. ATTACHMENTS:**
- Attachment A: [Emergency Medical Cart -- Medications According to Use](#)
  - Attachment B: [Emergency Med Cart Check List](#)
  - Attachment C: [Emergency Response Sheet](#)
  - Attachment D: [Adult Emergency Cart Checklist](#)

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John W. Glueckert                      Date  
Hospital Superintendent

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Thomas Gray, MD                      Date  
Medical Director

# **EMERGENCY MEDICAL CART** **MEDICATIONS ACCORDING TO USE**

## **DRUG INDUCED EMERGENCIES**

<b>Medication</b>	<b>Usual Dosing</b>	<b>Indication</b>	<b>Amount in Cart</b>	
<b>Activated Charcoal</b>	1 tube	Medication overdose, Poisoning	1	
<b>Cogentin</b>	1 to 4 mg IM	Antipsychotic drug-induced extrapyramidal symptoms	2 (2mg) vials	
<b>Narcan</b>	0.4 to 2 mg IV. May be repeated at 2 to 3 minute intervals. If no response after 10 mg reevaluate diagnosis.	Narcotic overdose	10 of 0.4mg 10 of 2mg	
<b>Romazicon</b>	0.2 mg IV over 30 sec. A second dose of 0.2 mg may be given over 30 sec Further doses of 0.5 mg may be given over 30 sec. with a full minute between doses. NTE a total dose of 3 mg.	Reverses the effects of benzodiazepine overdose	8 of 0.2 mg	

## **HYPERSENSITIVITY REACTION EMERGENCIES**

<b>Medication</b>	<b>Usual Dosing</b>	<b>Indication</b>	<b>Amount in Cart</b>	
<b>Benadryl</b>	25 – 50 mg IM	Allergic reactions	2 (50mg) vials	
<b>Decadron (Dexamethasone)</b>	4 mg IM	Anaphalactic shock	1 (4mg) multidose vial	
<b>Epipen</b>	0.3 mg of 1:1,000 SC- may repeat x2 at 15 min. intervals	Allergic reaction Anaphlactic shock	2 (0.3mg)	

## **HYPOGLYCEMIC EMERGENCIES**

<b>Medication</b>	<b>Usual Dosing</b>	<b>Indication</b>	<b>Amount in Cart</b>	
<b>Dextrose 50%</b>	1 ampule IV	Severe hypoglycemia Severe hypoglycemia refractory to Glucagon	1 (50mg) syringe	
<b>Glucagon</b>	1 mg (1 unit) IM, IV or SC. If response is delayed may give another dose.	Severe hypoglycemia	3 (1mg) vials	
<b>Glucose Tabs</b>	3 tabs PO (5gm/tab)	Moderate hypoglycemia	2 vials (7 tab each)	
<b>Glucose Gel</b>	1 tube PO (15gm/tube)	Severe hypoglycemia	3 (15mg) tubes	

### SEIZURE EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
<b>Ativan</b>	0.5 mg – 4 mg IM or IV (administer slowly if IV)	Status epilepticus	<b>KEPT in Unit Med Rm. Refrig.</b>	

### CARDIAC EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
<b>Aspirin</b>	325 mg PO	Onset of chest pain	8 tabs	
<b>Atropine</b>	0.3 – 0.5 mg IV or IM <b>To be administered by M.D. only.</b>	Sinus Bradycardia	2 (10ml) syringes	
<b>Clonidine (Catapres)</b>	0.2 mg PO	Hypertension	10 (0.1 tabs)	
<b>Nitroglycerin</b>	0.4 mg Sublingual (may administer 3 times 5 minutes apart)	Chest pain	1 btl of 100 tabs	

### PULMONARY EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
<b>Lasix</b>	40 mg IV	Pulmonary edema Congestive Heart Failure	2 (10ml) vials	

**EMERGENCY MED CART CHECK LIST**  
*Check med cart and IV tray weekly and after each Code Blue.*

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[illegible]

# EMERGENCY RESPONSE SHEET

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Initial time of event: \_\_\_\_\_

[illegible]



<b>Outcome:</b>	<b>Medication and Equipment Used:</b>	<b>NOTES:</b>
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Physician Signature: \_\_\_\_\_

Nurse (RN) Signature: \_\_\_\_\_

Personnel Present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADULT EMERGENCY CART CHECKLIST

### TOP OF CRASH CART

SUPPLIES	MISC.	# STOCKED
AED		1
Suction machine	w/ connection tube	1
O <sub>2</sub> tank	2000 psi	1
Adult Ambu-bag	w/25ft tubing	1
Non-sterile gloves		1
Clipboard with: CPR Data Sheets, Medication list		

### DRAWER 1

SUPPLIES	MISC.	# STOCKED
Injectable & Oral Meds	See pharmacy list	Includes charcoal
Carpulets		2
Sterile Water	10 ml vial	3
Sodium Chloride 0.9%	10 ml vial	2

### DRAWER 2

SUPPLIES	MISC.	# STOCKED
25gauge needles		3
18 gauge needles		10
20- 1/2 gauge needles		9
22-1/2 gauge needles		4
21 gauge needles		5
12 ml syringes		5
20 ml syringes		3
6 ml syringes		4
35 ml syringes		3
3 ml syringes		3
Iodine swab packets		3
IV supplies	Start kit, IV catheters, venigaurd, tape, coban, tourniquets	
Blood collection set		1

### DRAWER 3

SUPPLIES	MISC.	# STOCKED
ET Tubes 6, 7, 8	Laryngoscope curve and straight w/2 lg stylets	(1)6, (3)7, (2)8
NG tube 16 French	KY Jelly	2
Suction system starter set	w/2 suction catheters	1
Yankauer		1
Trach tape		3
Hemastat		1
Tongue Depressors		4
Safety Goggles		1

## CRASH CART CHECKLIST (cont.)

### DRAWER 4

SUPPLIES	MISC.	# STOCKED
CPR Barrier		1
Medical Gloves		1 bag
Nasal Cannulas		2
7ft O2 Tubing	7ft, 10ft	2 each
Aerosol mask		1
Nonrebreather mask		1
Oxygen tubing connector	Oxygen tree (1)	1
Oxygen concentrator mask		1

### DRAWER 5

SUPPLIES	MISC.	# STOCKED
Chucks Pad		1
O2 SAT		1
Gauze	2X2, 4x4, 3x3	1box
Coban	2"	1
Cotton Balls		1 bag
Sterile Gloves	(4) 7.5 (2) 6.5 (4) 8.5	
ABD		5
Bandage Scissors		1
Biohazard Bags		1
Finger Splint		1
Aquaphor gauze	1 box petroleum gauze	6
Face protectors visors		1
Hand sanitizer		1
Ace Bandages	(1) Size 6 (2) size 4	
Blood Pressure Cuffs	1-Lg 1-Standard	
Stethoscope		1
Hospital Gown	Regular size	1
Face Masks		3

### DRAWER 6

SUPPLIES	MISC.	# STOCKED
D51/2 Solution	1000ml	2
Lactated Ringers	1000ml	1
Normal Saline 0.9%	1000ml	2
D5W	500ml	2
Armband		1
Normal Saline	500ml bottles	2
C-collars	1-small, 1-med, 1-lg	
IV Tubing	Primary	2